

REPORT OF A
CONFERENCE ON REGIONAL RESIDENTIAL FACILITIES
FOR THE MENTALLY RETARDED

Held October 25 and 26, 1967
at Camp Friendship, Annandale, Minnesota

Sponsored by the
Minnesota Association for Retarded Children, Inc,
6315 Penn Avenue South
Minneapolis, Minnesota 55423

CONFERENCE ON REGIONAL RESIDENTIAL FACILITIES FOR THE MENTALLY RETARDED

Wednesday and Thursday, October 25 and 26, 1967, Camp Friendship, Annandale.
Sponsored by the Minnesota Association for Retarded Children, Inc.

Present were:

The Honorable Harold LeVander, Governor, State of Minnesota (for opening dinner only)
Mr. Morris Hursh, Commissioner, Department of Public Welfare
Dr. David Vail, Medical Services Division, Department of Public Welfare
Mr. Robert Lockwood, Past Governmental Affairs Chairman, Minnesota ARC
Mr. Hans Larsen, Department of Health
Mr. Howard Paulsen, Chairman, Minnesota Mental Retardation Planning Council
Mr. John Moede, Medical Services Division, Department of Public Welfare
Dr. Arthur Funke, " " " " " "
Mr. Ardo Wrobel, " " " " " "
Mr. Alan Mathiason, " " " " " "
Mrs. Miriam Karlins, Director of Public Information and Volunteer Services,
Department of Public Welfare
Mrs. Alvira Hiltz, Institutions Nursing Consultant, Department of Public Welfare
Mr. Robert Schultz, Director, Lake Park-Wild Rice Children's Home, Fergus Falls
Mr. Art Jauss, Standards & Licensing Division, Department of Public Welfare
(representing Mr. Charles Fecht)
Dr. Thomas Swallen, Chairman, Residential Facilities Committee, Minnesota ARC
Dr. Ellen Fifer, Minnesota State Planning Agency
Mr. John Broady, Executive Director, Minnesota Mental Retardation Planning Council
Dr. Franklin C. Smith, President, Minnesota ARC
Mrs. William Woehrlin, Governmental Affairs Committee Chairman, Minnesota ARC
Mrs. David Donnelly, " " " " " , Minnesota ARC
Mr. Melvin D. Heckt, past President, Minnesota ARC (10/26 only)
Mr. Hal Rindal, Acting Executive Director, Minnesota ARC Miss
Marcia Arko, Public Information Director, Minnesota ARC Miss
Mary Kosec, Office Manager, Minnesota ARC

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Specific Recommendations to the Governor's Council on Health, Welfare and Rehabilitation:

1. The state should encourage the expansion of private residential facilities primarily by the adoption of legislation providing reimbursement to counties for persons placed in private residential facilities, on the same basis as the state assumes the costs when a person is placed in a state institution.
2. Because of the pressing need for suitable facilities for retarded children and adolescents requiring specialized services and treatment, the state should build a residential unit providing for small living units, for 100 to 150 retarded children over 5 years of age and adolescents in the Twin Cities metropolitan area.

Reasons for Recommendation #1:

"The state should encourage the expansion of private residential facilities primarily by the adoption of legislation providing reimbursement to counties for persons placed in private residential facilities, on the same basis as the state assumes the costs when a person is placed in a state institution."

1. It should be emphasized that the key to a successful reimbursement plan is that the state should assume the same financial responsibility for the care of the retarded regardless of where they are placed (whether in a private or state facility). Only this will ensure that placement is made in the best interests of the retarded, with cost not a factor.
2. Development of a significant number of community residential facilities is dependent on a reliable and continuing source of operating funds. At present, private facilities are used to a large extent by patients awaiting admission to a state institution, resulting in high turnover and inability to provide long-range programs for an individual.
3. The cost to the state, estimated at \$2, 600, 000 for the 1967-69 biennium, might be closer to \$5 million for the 1969-71 biennium, due to rising costs and expansion of private residential facilities.
4. To meet the criticism voiced at the last Legislative session that "plush" facilities would be built and there would be danger that counties would go "wild" on costs of placements, it was agreed that the Commissioner of Welfare should be granted the power to approve maximum rates for each facility.
5. There was disagreement on whether it would be politically wise to include in a bill a clause giving the Commissioner the right to examine the books of a residential facility to aid him in approving maximum fees.
6. An agreed upon compromise, suggested by Mr. Hursh, was that in order to reduce the total cost to the state, the county costs could be raised to perhaps \$25 per month for all residential placements, state or private, thus preserving the key philosophy behind the bill (rather than the compromise suggested during the last session that the state reimburse only half the cost to the county).
7. There was concern expressed that parents be given protection from having to make payments beyond their means if the county places their child in a private facility. Such protection is provided if the child is placed in a state institution.
8. It was agreed that the amortization amendment added in the 1967 bill by the Legislature should not be in the 1969 bill. The cost of building construction should be included as a legitimate part of the cost of care.
9. An in-depth study of program standards and licensing procedures for private residential facilities is needed to ensure that high level of care is provided and adequate programs and treatment are available.

Reasons for Recommendation #2:

"Because of the pressing need for suitable facilities for retarded children and adolescents requiring specialized services and treatment, the state should build a residential unit providing for small living units, for 100 to 150 retarded children over 5 years of age and adolescents in the Twin Cities metropolitan area."

A.. Needs are greatest for residential facilities for children over 5 and adolescents.

1. None of the present buildings at state institutions are suitable for children, according to Dr. Hallvard Vislie.
2. Hennepin and Ramsey County Welfare Departments say the greatest need is for facilities to place children and adolescents.

3. If we give intensive, high quality treatment during childhood, we may prevent the large numbers of Bartman Group 5 patients (now the largest group in state institutions). Furthermore, adolescent problems may be less severe if proper training is given in earlier years.
4. Judging by past experience, private residential care units are least likely to be built for "difficult children" as the costs are too prohibitive.

B. Type of Facility Desired:

1. Should be Scandinavian concept of small care units for 6, 8, or 10 children.
2. Buildings should be built for versatility and adaptability in case needs change over the years.
3. There should be the concept of residential facilities as "domicile" where the child lives but doesn't need to provide all services. Programs and treatment should be sought in the community whenever possible.

C. Why the Metropolitan Area is Desired:

1. An increasingly larger percent of the state's population resides in the metropolitan area. Children should be placed as close to their parents as possible to encourage as much contact with the family as possible during placement.
2. It is not politically realistic to contemplate new building construction at existing state institutions at this time.
3. Community facilities (day activity centers, special classes, etc.) as well as medical and other specialists are readily available in the metropolitan area.
4. Although a Duluth location has been discussed in the past, the new Range Center in Chisholm may serve the northeast area of the state.
5. There is a possibility that the Department of Pediatrics at the University would use this facility for training purposes, if in the Twin Cities area.

Summary of Remaining Discussion at Conference

Governor Harold LeVander attended the opening dinner and spoke briefly, expressing concern that the state's facilities and services for the retarded be carefully planned, properly designed and properly located, so as not to be outdated or not needed in 5 or 10 years.

Dr. David Vail reported on recent developments in the Medical Services Division:

The Minnesota Hospital Mental Commitment Act of 1967 will go into effect on January 1, 1968. It is oriented to the mentally ill. Dr. Vail would welcome a separate study of commitment and treatment procedures for the mentally retarded. Areas of concern of this study:

- a. Civil rights of the mentally retarded.
- b. Guarantee that institutionalized person will have program and treatment.
- c. What is guarantee to prevent institutionalized period of too long a time ?

The Minnesota ARC has established a Committee on the Mentally Retarded and the Law. The Senate Welfare Committee has been charged with a study of this in cooperation with the Judiciary Committee. Also, the Minnesota Bar Association was reportedly looking for a project and could be interested in this subject.

The Mental Retardation Program Office has been established in the Medical Services Division of the Department of Public Welfare. This Office, headed by Ardo Wrobel, will not have an administrative function, but will direct program development and implementation. The Office will provide an interdepartmental link and will relate to community facilities as we'll. There are currently 6 positions in this Office. The Section on Mental Deficiency, headed by Mrs. Frances Ames, is included. There was concern expressed that this Office be given an expanded staff (and space) in order to do the tasks required of it.

Transfer of Patients From Faribault:

St. Peter State Hospital — The Governor and the Legislative Advisory Committee have given authority to establish a special care unit for the retarded. A program director for this will be appointed. He will report directly to Mr. Wrobel. Up to 450 adult, ambulatory patients will be transferred from Faribault, starting in October, 1968. It is estimated that the transfer should be completed in one year's time. The patients will move into Bartlett Hall and two buildings designed for geriatric patients.

It was agreed that although these geriatric buildings are better than the old buildings at Faribault, efforts should be made to provide more privacy and the number of beds will have to be reduced in order to provide sufficient program and day room space.

Hastings State Hospital — 10 adult, ambulatory patients have already been transferred successfully from Faribault. About one-half of the remaining 100 to be transferred will be incorporated into existing psychiatric wards; the others will be in a special unit. All transfers to be completed by about July, 1968.

Faribault State Hospital — The vacated buildings will be studied for possible use as workshop or activity buildings. The Department does not plan to use them as residences again. Permission to raze them must be sought from the Legislature. Program directors are to be named at Faribault, as well as the other institutions for the mentally retarded; they will work with the new Program Office in the Department of Public Welfare.

Fergus Falls State Hospital — 120 ambulatory adults to be transferred there. Possibly this institution will be developed into a regional, multipurpose center, perhaps with some non-ambulatory and adolescent retardates. This might become the prototype and testing ground for a regional mental retardation center, including diagnostic services, intensive treatment and residential care.

Glen Lake — Has a dormitory available to house 100 adults (not suitable for children) as a half-way house for the retarded, perhaps connected with a sheltered workshop. A non-profit group could possibly lease the building from the state at a minimal cost (\$1 per year, perhaps).

Regional Planning: "Region" should be defined as "service area" rather than a specific geographic area. Specialized services, such as a diagnostic center, would serve a larger area than would community services such as a daytime activity center. The Mental Retardation Planning Council used regions similar to the seven Mental Health Regions established by the Department of Public Welfare. The federal government insists on defining regions for planning purposes in order to assure a balance of services in each region. Dr. Vail estimates that it will take two years to establish a coordinator for each MH-MR region; to date, only one has been named—Allan Brown, in Duluth.

The Association for Retarded Children agreed to encourage persons with special knowledge and concern for mental retardation to serve on Mental Health Boards throughout the state (there are about 25). The Department of Public Welfare is drawing up new guidelines for these Boards, specifically requesting them to evaluate the needs of the retarded.

Research and Prevention: Research into the causes of mental retardation and methods of prevention were discussed. It was stated that at this time there are no foreseeable research breakthroughs that would have a sizeable effect on the population of the retarded.

It was suggested that the Minnesota ARC become active in promoting genetic counseling and abortion legislation. There was great concern expressed as to the advisability of becoming involved in the latter.

Mrs. William Woehrlin and Mrs. David Donnelly
Co-Chairmen
Conference on Regional Residential Facilities for
the Mentally Retarded